

FORT BELVOIR ESTATE PLANNING QUESTIONNAIRE

ESTATE PLANNING creates a process under which your property and assets are given to others upon your death. It may also include the preparation of documents that permit others to make financial and medical decisions for you in the event you become incapacitated. Every estate plan is different, but most include a will, an advanced medical directive, and various powers of attorney.

SGLI / Life Insurance. Your estate plan should account for life insurance (especially SGLI), government benefits (especially the death gratuity) and other types of assets (such as jointly-owned bank accounts and real estate) that automatically pass to your designated beneficiaries upon your death.

Pending your appointment with our office, we recommend that you update your DD Form 93, Record of Emergency Data, to designate beneficiaries to your \$100,000 death gratuity.

Blended Families. If you have children from a prior marriage or relationship, you should discuss “pre residuary trust” options with your attorney. These trusts guarantee that your children from prior relationships will obtain your intended gifts, and not risk the possibility that your spouse will neglect them in the spouse’s estate plan.

Trusts. If you have minor children or other beneficiaries that are not yet ready to manage assets on their own, you may want to include a trust in your will that allows you to designate a person to look after your beneficiary’s assets until your beneficiary is able assume sole ownership and control of the assets, at an age that you consider appropriate. Your will should name guardians for your minor children in the event you die while your children are young. Please be sure to discuss special life insurance options with your attorney when leaving life insurance money to minors. Your attorney can advise you on whether you should pay your life insurance through your will, or whether it might be better to use a statutory trust, such as the Uniform Transfer to Minors Act (UTMA).

Taxes. For estates generally over a certain dollar value (which changes every few years), state and Federal taxes can come close to 50%. With proper estate planning, we can help eliminate those taxes through special trusts in your will. Therefore, please carefully estimate the net value of all of your property, including life insurance and jointly-owned assets, as this information is crucial in providing you sound advice.

Providing Us Information. You (and if married, your spouse) should read and complete the following questionnaire. Please bring your completed questionnaire with you when you consult with your attorney. If both you and your spouse consult with the same attorney for estate planning advice, you will be asked to sign a dual representation waiver to facilitate assistance. Later, your attorney may ask you to provide additional documents (e.g., deeds to real property) and life insurance forms.

Appointments. If you are deploying, please phone us at: 703-805-2856 to schedule an immediate appointment. If you are not deploying, we ask that you call us on Wednesdays between 0800-0830 hours to make an appointment for the following week to have your estate plan prepared. This is a two-step procedure which requires an initial appointment, and a following appointment on a Thursday to modify and sign your documents. Please note that our regulations require our office to supervise the execution of your will.

QUESTIONNAIRE

A. PERSONAL INFORMATION:

Client's Full Name: _____

Address: _____

Are you a U.S. citizen? ____ Yes ____ No

State of residence _____

Phone #s: (home): _____ (work): _____

Do you have a pre-nuptial agreement or divorce decree affecting your property rights? _____

B. MARITAL STATUS (select the most appropriate):

____ Married once, and my spouse is alive.

____ Presently married, and had a prior marriage (previous spouse is deceased or divorced).

____ Widow/ widower

____ Divorced, not presently married.

____ Single, never married.

(If married) Full name of spouse: _____

Spouse's current address: _____

Is spouse a U.S. citizen? ____ Yes ____ No

State of residence _____

Phone #s: (home): _____ (work): _____

Does your spouse have a pre-nuptial agreement or divorce decree affecting property rights? _____

C. CHILDREN: Please list your children's names, ages, and whether they are biological, adopted, or stepchildren:

NAME	DOB/AGE	CITY/STATE	RELATIONSHIP (B/A/S)

If you have adopted children or stepchildren, do you wish to leave them property in your will, the same as your natural children? ____ yes ____ no

D. VALUE OF ESTATE: To determine what type of will is appropriate for you, we need an estimated value of your estate. For this purpose, include the value of all of the property you own in your name, jointly with others, and if married, the value of your spouse's property. If any of your property secures a debt (for example, a mortgage on your home), include your equity in the property. Also include the value of your life insurance policies (SGLI, VGLI, etc.). The policy's face value is included in determining whether estate taxes will apply in your case.

1. Please list your residential, timeshare and investment real estate properties below.

Description and Location	How Titled ?	Market Value	Mortgage Balance	Net Value
Total Net Value				

2. Please list your cars, boats and other similar property below.

Description and Location	How Titled ?	Market Value	Mortgage Balance	Net Value
Total Net Value				

3. Please list your cash assets below.

Account Type	How Titled? Beneficiary Named?	Approx. Balance
Total Net Value		

4. Please list your mutual funds, stocks, and other investments below.

Account Type	How Titled? Beneficiary Named?	Approx. Value
Total Net Value		

5. Please list your IRAs, 401(k)s, and retirement accounts below.

Account Type	How Titled? Beneficiary Named?	Approx. Value
Total Net Value		

6. Please list your life insurance policies and annuities below.

Company	Insured	1 st Beneficiary	2nd Beneficiary	Trust Options	Policy Amt
SGLI	Servicemember				400,000
Death Gratuity	Servicemember				100,000
Total Net Value					

7. Please list other items of significant value (such as coin collections, antiques, jewelry, etc.) below.

Description	Approx. Value
Total Net Value	

8. Please total items 1 through 7 here. (_____)

9. Please list your debts **other than mortgage(s) and loans listed above.**

Description	Amount Owned
Total Debt	

10. Please calculate the total net value of your estate (line 8 minus box 9) . (_____)

E. SPECIFIC BEQUESTS: You may make separate gifts of cash, specific investments, real estate, or personal property to specific people or charities in your will. These bequests will be distributed first and reduce the amount of property left for your other beneficiaries. Specific bequests (and trusts) are appropriate methods of setting aside money and property for children of prior relationships. If you make no specific bequests, all of your property will pass to your primary beneficiaries listed below in Part G.

Do you wish to make any specific bequest in your will? _____ yes _____ no

If yes, please list your specific bequest(s) and who you want to receive it (them):

F. SPECIAL PROVISIONS: Do you wish to leave a gift to a disabled person? _____ yes _____ no

If yes, please list the amount of the gift and the beneficiary:

G. PRIMARY BENEFICIARIES: Whom do you want to receive the property remaining after the payment of your debts and probate expenses, and after your specific bequests have been made? Since most people do not make specific bequests, the "residuary estate" usually describes all the property left to your beneficiaries after all of the debts and any applicable taxes, probate fees are paid.

_____ My spouse, if he/she survives me, and if not, then my children.

_____ My children.

_____ My parents in equal shares, or if not, then my siblings in equal shares (please provide names and relationships):

_____ To these beneficiaries in the percentages noted below:

If any of the above beneficiaries die before you and leave descendants (children/issue), do you want the share of the deceased beneficiary to pass to their children, or to pass only to the beneficiaries you named above?

(For example, if one of your children dies before you and leaves children, do you want the share of your deceased child to pass to his children (your grandchildren) or to go only to your surviving children?)

_____ To the children of any deceased beneficiary.

_____ Only to the named beneficiaries listed above.

H. SECONDARY BENEFICIARIES: If your primary beneficiaries predecease you or die within 30 days of your death, to whom do you wish to leave your estate (provide name, relationship, and percentage of inheritance).

I. TRUSTS FOR CHILDREN AND OTHERS:

If any of your beneficiaries are minors, or incapable of managing money, at what age do you want them to receive their portion of your estate?

_____18 _____21 _____25
_____ Some other age (please indicate the age): _____

Whom do you wish to name as Trustee (the person responsible to manage the money for and support your minor beneficiaries)? (Please list name and relationship):

1st choice: _____
2nd choice (optional): _____
3rd choice (optional): _____

J. EXECUTOR: Your Executor (or in some States, “personal representative”) ensures your estate is settled upon your death. This ordinarily involves going through “probate”, a court-administered procedure for settling an estate as provided in your will or under State law. Probate involves petitioning a court for letters of appointment, settling creditor claims, finding and distributing assets, and filing any necessary tax returns. Any adult may serve as your executor, although many States prefer or require an executor who is a legal resident of the State where probate is conducted. Therefore, if possible, you should select family members or responsible friends who are residents of the same State as your legal residence or the state where you own real estate. Whom do you wish to have as your executor?

_____ My spouse.
_____ My spouse and a co-executor.*
_____ My spouse and a successor executor.**
_____ One executor other than my spouse.
_____ One executor and a successor executor, neither of whom are my spouse.**
_____ Two co-executors, neither of whom are my spouse.*

***This option is not usually recommended because conflicts can arise between the executors that could complicate the administration of your estate.**

****The successor will act only if your first choice is unable to be your executor.**

Names of Executor and Alternate Executor.

	NAME	RELATIONSHIP	CITY / STATE	PHONE NUMBER
FIRST				
SECOND				

K. GUARDIANS FOR CHILDREN: If your children are minors when you die, and if the other natural parent is not alive or for any reason cannot act as guardian, the court will normally appoint the person(s) you name to act as legal guardian(s) of your minor children person and property. The individual(s) named will have physical control and custody of the children until they reach 18 and control over the property passing to them under your Will. If you are divorced, the court will usually appoint the child's natural parent-your former spouse as guardian of the person, even if you provide otherwise in your will. You should still name a guardian, however, in case your former spouse dies before you, or for any reason cannot act as the guardian. Note: You can name a separate person as Guardian for the property only.

Do you wish to appoint:

- ☐ One guardian for any child when I die.
☐ One guardian and a successor guardian.
☐ Two co-guardians.
☐ No guardian.

	NAME	RELATIONSHIP	CITY / STATE	PHONE NUMBER
FIRST				
SECOND				

L. DISINHERITANCE. Do you desire to disinherit anyone? ☐ yes ☐ no

	NAME	RELATIONSHIP	CITY / STATE
FIRST			
SECOND			

M. MILITARY STATUS: I am:

- ☐ Active duty / Reserve military.
☐ Retired from the military.
☐ Married to someone on active duty.
☐ Married to a military retiree.
☐ A dependent of someone on active duty.
☐ A dependent of a military retiree .
☐ Other (please specify): _____

N. ADVANCE MEDICAL DIRECTIVE/"LIVING WILL": An advance medical directive or "living will" is separate from your will, but may be an important part of your estate plan. It tells your physicians and family what medical care you would like to receive in the event you are incapacitated with an incurable medical condition and your death is imminent. This document indicates whether you would like to be removed from life support and whether you would like to end the administration of nutrition and hydration under the conditions described above, whether you are an organ donor, and can designate an agent to make health care decisions for you. Do you want a living will? ☐ yes ☐ no

Do you wish to specify that you desire to donate your body organs for transplant upon death?

☐ yes ☐ no

If yes, are you also willing to donate organs and tissue for medical, educational, or scientific purposes?
_____ yes _____ no

The paragraph below is the template used in our living wills. Please read it carefully, and note any changes that you would like to make to it.

“If at any time my attending physician should determine that I have a terminal condition where the application of life prolonging procedures would serve only to artificially prolong the dying process, I direct that life prolonging procedures be withheld and withdrawn and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain. The procedures and treatment to be withheld and withdrawn include, without limitation, surgery, antibiotics, cardiac and pulmonary resuscitation, respiratory support, blood and blood products, dialysis, chemotherapy, radiation therapy, artificially administered feeding and fluids, and invasive diagnostic tests.”

Your additional comments: _____

O. SPECIAL POWER OF ATTORNEY FOR HEALTH CARE: Another important document is a special power of attorney for health care. You may execute this in addition to or instead of a living will. It appoints someone you name to make medical care decisions for you if you cannot make your own medical decisions. It applies to more situations than the living will, which addresses only continued life support if you have a terminal condition. The power of attorney for medical care can give the person you name as your agent the authority to make a wide range of medical decisions on your behalf. It also gives your agent access to your medical information and authority to fully participate with your treating physicians in deciding the care you receive.

Do you want a Health Care Power of Attorney? _____ yes _____ no

Whom do you wish to name as your agents?

	NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER
FIRST				
SECOND				

If you have listed a second choice, do you want:

_____ both agents to have the authority to act separately.

_____ to require both agents to act jointly unless one is incapacitated.

_____ the second agent to be as a successor, acting only if the first choice is incapacitated.

Do you wish to designate your agent to deal with the disposition of your remains? _____yes _____no

P. DURABLE GENERAL POWER OF ATTORNEY FOR FINANCIAL MATTERS: Your will enables you to dispose of your property as you wish after you die. While you are living, you have the right to decide what happens to that property as long as you are of sound mind. But if you become incapacitated, and cannot handle your own affairs, a court order may revoke your right to manage your own money/property and appoint a guardian or conservator. To protect you from this, you may appoint an agent through a power of attorney. A power of attorney is your written authorization for someone to act on your behalf, for whatever purpose you designate. Ordinarily, a power of attorney expires if you become mentally disabled – the time when you need help the most. A **durable** power of attorney will last as long as you are alive or until you revoke it. As long as you are mentally competent, you can revoke a durable power of attorney whenever you like simply by destroying the document. If you choose to have a durable general power of attorney, remember to name someone you trust as your attorney-in-fact. Your agent will have great authority over your affairs. Not only can they keep your affairs in order, but they have the potential to abuse this document at your expense.

Would you like a durable general power of attorney? _____ yes _____ no

Do you want your power of attorney to become effective immediately, or only upon your incapacity? _____

Do you want your power of attorney to terminate on a specific date? _____

Whom do you wish to name as your agents?

	NAME	RELATIONSHIP	CITY / STATE	PHONE NUMBER
FIRST				
SECOND				

If you have a second choice, do you want:

_____ both agents to have the authority to act separately.

_____ to require both agents to act jointly unless one is incapacitated.

_____ the second agent to be as a successor, acting only if the first choice is incapacitated.

O. FUNERAL ARRANGEMENTS:

_____ I do not wish to express my desires concerning my remains and leave this decision to those who survive me.

_____ I desire:

_____ To be cremated.

_____ To be buried at a specified gravesite or location. (Please specify location): _____

_____ To be buried at sea.

_____ To be buried with full military honors.

_____ Other: _____